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UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Kishore R. Shah

Confirmation No. 7504

Examiner: James W. Rogers

Serial No.: 10/748,625

Group Art Unit: 1615

Filed: December 27, 2003

Docket #: KS4

For: Bioadhesive Hydrophilic Composition for Treating of Mammalian Skin

Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

November 30, 2006

AMENDMENT

Dear Sir:

This Amendment is filed in response to the Office Action mailed August 31, 2006.
Applicant elects Claim 18, with traverse.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

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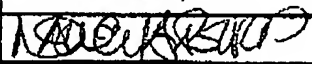
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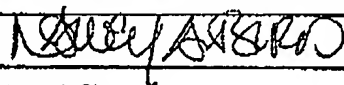
PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031
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TRANSMITTAL FORM	Application Number	10/748,625
	Filing Date	December 27, 2003
	First Named Inventor	Kishore R. Shah
	Art Unit	1615
	Examiner Name	James W. Rogers
	Attorney Docket Number	KS4
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission	8	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Law Offices of Nancy A. Bird	
Signature		
Printed name	Nancy A. Bird	
Date	November 30, 2006	Reg. No. 28,398

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Signature	
Typed or printed name	Nancy A. Bird
Date	November 30, 2006

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